

		FOR OHF USE					

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0014258

Facility Name: Anchorage of Bensenville

Address: 111 E. Washington Street Bensenville 60106
Number City Zip Code

County: Du Page

Telephone Number: 630-766-5800 Fax # 630-860-5130

IDPA ID Number: 36-2166970-001

Date of Initial License for Current Owners: 09/03/1905

Type of Ownership:

☒ VOLUNTARY, NON-PROFIT

☒ Charitable Corp.

☐ Trust

IRS Exemption Code 501c3

☐ PROPRIETARY

☐ Individual

☐ Partnership

☐ Corporation

☐ "Sub-S" Corp.

☐ Limited Liability Co.

☐ Trust

☐ Other

☐ GOVERNMENTAL

☐ State

☐ County

☐ Other

In the event there are further questions about this report, please contact:
Name: Donald Primdahl Telephone Number: 630-521-8034

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the
State of Illinois, for the period from 07/01/2001 to 06/30/2002
and certify to the best of my knowledge and belief that the said contents
are true, accurate and complete statements in accordance with
applicable instructions. Declaration of preparer (other than provider)
is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information
in this cost report may be punishable by fine and/or imprisonment.

Officer or
Administrator
of Provider

(Signed) (Date)

(Type or Print Name) Thomas L. Noesen

(Title) Treasurer

Paid
Preparer

(Signed) (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) () Fax # ()

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number	Anchorage of Bensenville
1. Bensenville High School (BHS) - 1000 W. 12th St., Bensenville, IL 60015	High School
2. Bensenville Middle School (BMS) - 1000 W. 12th St., Bensenville, IL 60015	Middle School
3. Bensenville Elementary School (BES) - 1000 W. 12th St., Bensenville, IL 60015	Elementary School
4. Bensenville Community Center (BCC) - 1000 W. 12th St., Bensenville, IL 60015	Community Center
5. Bensenville Public Library (BPL) - 1000 W. 12th St., Bensenville, IL 60015	Public Library
6. Bensenville Police Station (BPS) - 1000 W. 12th St., Bensenville, IL 60015	Police Station
7. Bensenville Fire Station (BFS) - 1000 W. 12th St., Bensenville, IL 60015	Fire Station
8. Bensenville City Hall (BCH) - 1000 W. 12th St., Bensenville, IL 60015	City Hall
9. Bensenville Senior Center (BSC) - 1000 W. 12th St., Bensenville, IL 60015	Senior Center
10. Bensenville Recreation Center (BRC) - 1000 W. 12th St., Bensenville, IL 60015	Recreation Center

#	<u>0014258</u>	Report Period Beginning:	<u>07/01/2001</u>	Ending:	<u>06/30/2002</u>
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III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds

03/09/2002

1		2		3		4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period			
1	134	Skilled (SNF)	129	58,738		1	
2		Skilled Pediatric (SNF/PED)				2	
3	96	Intermediate (ICF)	96	35,040		3	
4		Intermediate/DD				4	
5		Sheltered Care (SC)				5	
6		ICF/DD 16 or Less				6	
7	230	TOTALS	225	93,778		7	

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	18,920	10,925	6,351	36,196	8
9	SNF/PED					9
10	ICF	22,932	10,409		33,341	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	41,852	21,334	6,351	69,537	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 74.15%

D. How many bed-hold days during this year were paid by Public Aid?

402 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)

Home Delivered Meals, Nutrition Site, Staff Food Services

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES ☒ NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☒ NO ☐

I. On what date did you start providing long term care at this location?

Date started 1953

J. Was the facility purchased or leased after January 1, 1978?

YES ☐ Date _____ NO ☒

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number
of beds certified 45 and days of care provided 6,351

Medicare Intermediary Adminastar Federal, Inc.

IV. ACCOUNTING BASIS

ACCRUAL	X	MODIFIED		
		CASH*		CASH*

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 06/30/2002 **Fiscal Year:** 06/30/2002

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

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Facility Name & ID Number

Anchorage of Bensenville

0014258

Report Period Beginning:

07/01/2001

Ending:

06/30/2002

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	556,490	84,547	240,668	881,705		881,705		881,705		1
2	Food Purchase		680,172		680,172	(136)	680,036	(179,691)	500,345		2
3	Housekeeping	281,067	74,651	3,961	359,679		359,679		359,679		3
4	Laundry	110,730	23,612	335	134,677		134,677		134,677		4
5	Heat and Other Utilities			283,145	283,145		283,145		283,145		5
6	Maintenance	156,566	49,430	114,568	320,564	(1,982)	318,582		318,582		6
7	Other (specify):*										7
8	TOTAL General Services	1,104,853	912,412	642,677	2,659,942	(2,118)	2,657,824	(179,691)	2,478,133		8
	B. Health Care and Programs										
9	Medical Director			24,000	24,000		24,000		24,000		9
10	Nursing and Medical Records	3,709,028	610,977	407,655	4,727,660	(78,847)	4,648,813		4,648,813		10
10a	Therapy	131,660	2,611	485,988	620,259	(415,521)	204,738		204,738		10a
11	Activities	178,468	7,512	30,537	216,517	53,812	270,329	(4,011)	266,318		11
12	Social Services	224,868		1,432	226,300		226,300		226,300		12
13	Nurse Aide Training										13
14	Program Transportation	22,065	250	6,945	29,260		29,260		29,260		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,266,089	621,350	956,557	5,843,996	(440,556)	5,403,440	(4,011)	5,399,429		16
	C. General Administration										
17	Administrative	74,254			74,254	77,352	151,606	210,311	361,917		17
18	Directors Fees										18
19	Professional Services			311,508	311,508	(171,607)	139,901	152	140,053		19
20	Dues, Fees, Subscriptions & Promotions			31,261	31,261	363	31,624	(4,046)	27,578		20
21	Clerical & General Office Expenses	183,326	44,109	121,792	349,227	4,902	354,129	12,791	366,920		21
22	Employee Benefits & Payroll Taxes			1,281,142	1,281,142	11,924	1,293,066	48,750	1,341,816		22
23	Inservice Training & Education										23
24	Travel and Seminar			9,102	9,102	529	9,631	2,790	12,421		24
25	Other Admin. Staff Transportation			1,038	1,038	8,400	9,438	4,846	14,284		25
26	Insurance-Prop.Liab.Malpractice			239,714	239,714		239,714		239,714		26
27	Other (specify):*										27
28	TOTAL General Administration	257,580	44,109	1,995,557	2,297,246	(68,137)	2,229,109	275,594	2,504,703		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,628,522	1,577,871	3,594,791	10,801,184	(510,811)	10,290,373	91,892	10,382,265		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			369,399	369,399		369,399	(12,083)	357,316			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			178,333	178,333		178,333	(5,480)	172,853			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds					1,132	1,132		1,132			34
35	Rent-Equipment & Vehicles			101,817	101,817	(84,365)	17,452	886	18,338			35
36	Other (specify):*											36
37	TOTAL Ownership			649,549	649,549	(83,233)	566,316	(16,677)	549,639			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		16,584	8,333	24,917	591,371	616,288		616,288			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops					2,673	2,673		2,673			41
42	Provider Participation Fee			123,187	123,187		123,187		123,187			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		16,584	131,520	148,104	594,044	742,148		742,148			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	5,628,522	1,594,455	4,375,860	11,598,837		11,598,837	75,215	11,674,052			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(179,691)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space	(2,294)	11		6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(12,083)	30		9
10	Interest and Other Investment Income	(5,480)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(1,717)	11		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(5,454)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (206,719)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(30,516)	VARIOUS	34
35	Other- Attach Schedule SCHED. VIII-B	312,450	VARIOUS	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 281,934		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ 75,215		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops	X		2,673	VARIOUS	40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program	X		591,371	VARIOUS	44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$ 594,044		47

STATE OF ILLINOIS

Page 5A

Anchorage of Bensenville

ID#0014258

Report Period Beginning:07/01/2001

Ending:06/30/2002

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	ALLOCATION OF INDIRECT COSTS	\$ 210,311	17
2	ALLOCATION OF INDIRECT COSTS	30,668	19
3	ALLOCATION OF INDIRECT COSTS	1,408	20
4	ALLOCATION OF INDIRECT COSTS	12,791	21
5	ALLOCATION OF INDIRECT COSTS	48,750	22
6	ALLOCATION OF INDIRECT COSTS	2,790	24
7	ALLOCATION OF INDIRECT COSTS	4,846	25
8	ALLOCATION OF INDIRECT COSTS	886	35
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48			
49	Total	312,450	

Summary A

06/30/2002

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

[illegible]

STATE OF ILLINOIS

Summary B

Facility Name & ID Number	Anchorage of Bensenville
1. Bensenville High School (BHS) - 123456789	High School
2. Bensenville Middle School (BMS) - 987654321	Middle School
3. Bensenville Elementary School (BES) - 456789123	Elementary School
4. Bensenville Community Center (BCC) - 321654987	Community Center
5. Bensenville Senior Center (BSC) - 210987654	Senior Center
6. Bensenville Public Library (BPL) - 876543210	Public Library
7. Bensenville Police Station (BPS) - 765432109	Police Station
8. Bensenville Fire Station (BFS) - 654321098	Fire Station
9. Bensenville Post Office (BPO) - 543210987	Post Office
10. Bensenville City Hall (BCH) - 432109876	City Hall
11. Bensenville Court House (BCH) - 321098765	Court House
12. Bensenville Health Center (BHC) - 210987654	Health Center
13. Bensenville Hospital (BHP) - 109876543	Hospital
14. Bensenville Prison (BPR) - 098765432	Prison
15. Bensenville Jail (BJL) - 987654321	Jail
16. Bensenville Detention Center (BDC) - 876543210	Detention Center
17. Bensenville Correctional Institute (BCI) - 765432109	Correctional Institute
18. Bensenville Reformatory (BRF) - 654321098	Reformatory
19. Bensenville Penitentiary (BPN) - 543210987	Penitentiary
20. Bensenville Prison (BPR) - 432109876	Prison
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92. Bensenville Prison (BPR) - 210987654	Prison
93. Bensenville Jail (

0014258

Report Period Beginning:

07/01/2001 Ending:

06/30/2002

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

[illegible]

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Bensenville Home Society	100	Peotone Senior Living Center	Peotone	LIFELINK AREA		INDEPENDENT
Lifelink Corporation (BHS Parent)	100	Anchorage of Beecher	Beecher	HOUSING	VARIOUS	LIVING
		Pine Acres Care Center	DeKalb	BRIDEWAY OF		INDEPENDENT
				BENSENVILLE	BENSENVILLE	LIVING
				LIFELINK CHARITI	BENSENVILLE	FUND RAISING
				LIFELINK SERVICE	BENSENVILLE	PROJ. DEVEL.
				SEE ATTACHED		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	19	Management Fees	\$ 122,924	Lifelink Corporation (V.P. Health Care)	100.00%	\$ 97,518	\$ (25,406)	1
2	V	19	Management Fees	57,431	Lifelink Corporation (Pastoral care)	100.00%	54,709	(2,722)	2
3	V	19	Management Fees	32,696	BHS (Volunteer Coordinator)	100.00%	30,567	(2,129)	3
4	V	19	Management Fees	2,639	BHS (Intergenerational Coordinator)	100.00%	2,380	(259)	4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 215,690			\$ 185,174	\$ * (30,516)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	CARL ZIMMERMAN	PRESIDENT	ADMIN.	NONE	15,537	7.47	18.68	SALARY	\$ 20,550	17-7	1
2	ROBERT LOGSTON	EXEC. VP ADMIN.	ADMIN.	NONE	15,537	7.47	18.68	SALARY	20,550	17-7	2
3	JAMES FORMAL	VP HEALTH CARE	ADMIN-HEALTH	NONE	66,000	16	40.00	SALARY	44,000	19-3	3
4	THOMAS NOESEN	VP FIN/TREASURE	ACCT/FINANCE	NONE	15,537	7.47	18.68	SALARY	20,550	17-7	4
5	ALLEN S. GABRYS	CONTROLLER	ACCT/FINANCE	NONE	10,863	7.47	18.68	SALARY	14,369	17-7	5
6	KATHY LYNN CICERO	VP CORP. SERV.	ADMIN.	NONE	3,414	7.47	18.68	SALARY	4,515	17-7	6
7	KENYETTA HAYWOOD	VP SUPP. SERV.	SUPP. SERV.	NONE	15,537	7.47	18.68	SALARY	20,550	17-7	7
8	PAMELA JONES	DIR. - VOL.. SERV.	RECRUIT/PLACM	NONE	17,012	12.16	30.40	SALARY	12,027	7-Nov	8
9	DONALD PRIMDAHL	DIR. - BUDGETING	BDGT/GOVT. RE	NONE	11,406	7.47	18.68	SALARY	15,086	17-7	9
10	JANET HISBON	DIR. - PAST. CARE	SPRITUAL SERV	NONE	7,285	18.96	47.40	SALARY	20,194	7-Nov	10
11	KATHLEEN SCHUPBACH	DIR. - HUMAN RES	PERSONNEL	NONE	7,442	7.47	18.68	SALARY	9,844	17-7	11
12	ROBIN MCBROOM	INTERGEN. COORD.	ACTIVITIES	NONE	3,294	1.52	3.80	SALARY	1,647	7-Nov	12
13								TOTAL	\$ 203,882		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME.
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Anchorage of Bensenville # 0014258 Report Period Beginning: 07/01/2001 Ending: 6/30/2002

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization LIFELINK CORPORATION
Street Address 331 S. YORK ROAD
City / State / Zip Code BENSENVILLE, IL. 60106
Phone Number (630) 766-3570
Fax Number (630) 860-5130

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATION	DIRECT PROG. COST	63,274,260	12	\$ 1,125,725	\$ 1,125,725	11,821,051	\$ 210,311	1
2	19	PROFESSIONAL SERVICES	DIRECT PROG. COST	63,274,260	12	164,155		11,821,051	30,668	2
3	20	FEES, SUBSCRIPTIONS, PROM	DIRECT PROG. COST	63,274,260	12	7,538		11,821,051	1,408	3
4	21	GEN. OFFICE EXPENSE	DIRECT PROG. COST	63,274,260	12	68,465		11,821,051	12,791	4
5	22	EMP. TAXES & BENEFITS	DIRECT PROG. COST	63,274,260	12	260,945		11,821,051	48,750	5
6	24	TRAVEL & SEMINARS	DIRECT PROG. COST	63,274,260	12	14,932		11,821,051	2,790	6
7	25	OTHER STAFF TRANS.	DIRECT PROG. COST	63,274,260	12	25,937		11,821,051	4,846	7
8	35	RENTAL EQUIPMENT	DIRECT PROG. COST	63,274,260	12	4,745		11,821,051	886	8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,672,442	\$ 1,125,725		\$ 312,450	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1			X	Refinance Mortgage and	*	*	\$ *	\$ *	*	*	\$ 178,333	1	
2				Capital Projects								2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related						\$	\$			\$ 178,333	9	
	B. Non-Facility Related*												
10												10	
11												11	
12				* See Attached								12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$	14	
15	TOTALS (line 9+line14)						\$ *	\$ *			\$ 178,333	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ Line #

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		
1. Real Estate Tax accrual used on 2001 report.		\$	0	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	0	2
3. Under or (over) accrual (line 2 minus line 1).		\$	0	3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	0	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$	0	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$	0	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	0	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:		1997	0	8
		1998	0	9
		1999	0	10
		2000	0	11
		2001	0	12
		FOR OHF USE ONLY		
		13	FROM R. E. TAX STATEMENT FOR 2001 \$	13
		14	PLUS APPEAL COST FROM LINE 5 \$	14
		15	LESS REFUND FROM LINE 6 \$	15
		16	AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Anchorage of Bensenville COUNTY Du Page

FACILITY IDPH LICENSE NUMBER 0014258

CONTACT PERSON REGARDING THIS REPORT Donald Primdahl

TELEPHONE 630-521-8034 FAX #: 630-860-5130

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
2. <u>N/A</u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
3. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
4. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
5. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
6. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
7. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
8. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
9. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
10. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
TOTALS		\$ <u> </u>	\$ <u> </u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

X. BUILDING AND GENERAL INFORMATION:

- A. Square Feet: 139,890
- B. General Construction Type: Exterior Brick Frame Number of Stories 1
- C. Does the Operating Entity? ☒ (a) Own the Facility ☐ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)
- D. Does the Operating Entity? ☒ (a) Own the Equipment ☐ (b) Rent equipment from a Related Organization. ☐ (c) Rent equipment from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)
- E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable).

BENSENVILLE HOME SOCIETY'S CHILD & FAMILY SERVICES/NORTH HOUSE BUILDING - OFFICE SPACE (51,307 SQ. FT.)
LIFELINK AREA HOUSING'S CASTLE TOWERS - LOW INCOME SENIOR CITIZENS & HANDICAPPED APARTMENTS (110,000 SQ. FT. - 149 UNITS)
BENSENVILLE HOME SOCIETY'S MEADOW CREST UNITS - TOWN HOMES FOR SENIOR CITIZENS (12,500 SQ. FT. - 4 BUILDINGS / 13 UNITS)
BRIDGEWAY OF BENSENVILLE - CCRC FOR SENIOR CITIZENS (206,400 SQ. FT. - 160 UNITS)

- F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:
3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.	1		2		3		4	
	Use		Square Feet		Year Acquired		Cost	
1	Long Term Care		789,200		Pre 1900		\$ 14,628	
2								
3	TOTALS		789,200				\$ 14,628	

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	46		1953	1953	\$ 542,515	\$ 8,346	30	\$ 80,025	\$ (8,346)	\$ 542,515	4
5	137		1975	1975	3,200,989	80,025	40	80,025		2,114,249	5
6	47		1977	1977	906,521	22,663	40	22,663		566,576	6
7			1985	1985	148,230	4,941	30	4,941		83,997	7
8			1995	1995	789,192	37,007	30	26,306	(10,701)	208,019	8
	Improvement Type**										
9	1985 ADMINISTRATION BLDG. RENOVATION			1985	324,214	8,105	40	8,105		222,035	9
10	1986 ADMINISTRATION BLDG. RENOVATION			1986	24,982	625	40	625		16,010	10
11	FULLY DEPRECIATED				1,020,491		VAR			1,020,491	11
12	UNIT E HVAC AND PIPING			1983	11,290		20	565	565	10,729	12
13	ADMINISTRATION RENOVATION			1987	2,318	58	40	58		897	13
14	SIDEWALK AND PAVEMENT REPAIR			1988	14,491		20	725	725	10,145	14
15	ASPHALT REPAIRS			1989	49,263		16	3,079	3,079	36,948	15
16	CONCRETE REPAIRS			1989	31,335		20	1,566	1,566	20,366	16
17	UNITS C/D APPOLO BATH TUBS			1989	23,824		15	1,588	1,588	20,646	17
18	CONCRETE REPAIRS			1990	2,455		20	123	123	1,476	18
19	ROOF REPAIRS UNITS A/E			1990	13,011	542	8		(542)	13,011	19
20	FITTING FOR DIESEL FUEL TANK			1990	2,965		20	148	148	1,777	20
21	UNIT E ELECTRIC PANEL			1990	12,692		20	635	635	7,620	21
22	BOILER ROOM REPAIRS			1990	4,726		20	236	236	2,833	22
23	ELECTRIC PANEL FOR EMERGENCY GENERATOR			1990	6,290		20	314	314	3,769	23
24	LAUNDRY RENOVATION			1990	243,583		20	12,179	12,179	141,074	24
25											25
26	HVAC UPGRADE			1991	110,268		20	5,513	5,513	59,725	26
27	BACK FLOW PREVENTERS			1991	3,953		10	397	397	3,953	27
28	UNIT D HEAVY DUTY LIFTER			1991	1,275		15	85	85	935	28
29	HVAC UPGRADE			1992	32,784	2,343	20	1,639	(704)	18,030	29
30	REMODEL ICECREAM PARLOR			1992	11,388	854	20	569	(285)	6,259	30
31	MARKET PLACE/MURAL RENOVATION			1992	7,824	566	20	391	(175)	4,303	31
32	HANDICAPPED RAMPS			1992	55,125	4,593	10	5,510	917	55,125	32
33	REDECORATE UNITS A/E & CENTER LOUNGE			1992	15,439	1,544	8		(1,544)	15,439	33
34	REDECORATE ADMIN. OFFICE/CONF. ROOM			1992	8,290	829	8		(829)	8,290	34
35	GAS PIPING FOR LAUNDRY			1992	2,093	209	25	84	(125)	860	35
36	BIRD AVIARY			1992	6,780	678	10	678		6,780	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37 REDECORATE STAFF DINNING ROOM	1992	\$ 5,852	\$ 585	8	\$	\$ (585)	\$ 5,852	37
38 ICECREAM PARLORCABINETS AND SINK	1992	3,239	324	20	162	(162)	1,674	38
39 CONCRETE REPAIRS	1993	5,465	546	20	273	(273)	2,731	39
40 INSTALL HVAC EQUIPMENT - MAINTENANCE	1993	15,570	1,557	20	779	(778)	7,529	40
41 INSTALL TILE - COMMON AREA	1993	15,647	1,565	8		(1,565)	15,647	41
42 BEATY SHOP RENOVATION	1993	21,100	2,110	8		(2,110)	21,100	42
43 ELECTRICAL WIRING - BOILER	1993	4,200	420	20	210	(210)	2,013	43
44 HEAVY DUTY DRAPES AND RODS	1993	2,887	288	10	288		2,575	44
45 UNIT C ELECTRIC LOCKING DOORS	1993	6,385	639	10	639		5,802	45
46 UNIT D CORRIDOR REDECORATION	1993	23,595	2,360	8		(2,360)	23,595	46
47 LAUNDRY MAGNETIC DOOR HOLDER	1993	500	50	10	50		454	47
48 CHAPEL RENOVATIONS	1993	41,100	4,110	8		(4,110)	41,100	48
49 RENOVATE FAMILY DINNING ROOM	1993	6,475	648	8		(648)	6,475	49
50 KITCHEN WIRING AND FLOOR REPAIR	1993	1,068	107	8		(107)	1,068	50
51 WALK-IN FREEZER COIL	1993	2,699	270	8		(270)	2,699	51
52 6 X 4 LAMP FIXTURES - REHAB/ACTIVITIES	1993	1,113	111	10	111		1,009	52
53 ACTIVITIES KILN VENT	1993	5,070	507	10	507		4,521	53
54 REPLACE GAS LINE TO FURNACE	1993	5,057	506	25	202	(304)	2,004	54
55 ASPHALT WORK	1994	6,720	672	16	420	(252)	3,535	55
56 BATHROOM AND COMMON AREA RENOVATION	1994	26,510	2,651	8	1,380	(1,271)	26,510	56
57 BOILER ROOM AIR UNIT	1994	10,754	1,075	10	1,075		10,751	57
58 KITCHEN RECEPTACLES	1994	2,081	208	10	208		1,560	58
59 ACTIVITY AREA RENOVATION	1994	19,905	1,990	8	1,037	(953)	19,905	59
60 (40) SECURITY LIGHT FIXTURES	1995	7,600	760	10	760		5,700	60
61 (2) PUSHER PLATES, RECEIVERS & TRANSFORMERS	1995	1,080	108	20	54	(54)	405	61
62 (153) PAIRS OF DRAPES	1995	32,900	3,290	10	3,290		24,675	62
63 DOOR ALARM SYSTEM	1995	7,752	775	20	388	(387)	2,748	63
64 UNIT C NURSING STATION	1995	2,700	270	10	270		1,778	64
65 REPLACE KITCHEN PLUMBING VALVES	1995	4,245	425	10	425		2,903	65
66 TILE WALK-IN FREEZER	1995	4,243	424	8	530	106	3,975	66
67 KITCHEN PRESSURE DUMPSTER PAD	1995	1,840	184	10	184		1,303	67
68 REWIRE SMOKE DETECTORS	1996	2,579		8	322	322	2,039	68
69 SECURITY SYSTEM	1996	28,298	2,830	10	2,830		18,395	69
70 TOTAL (lines 4 thru 69)		\$ 7,956,825	\$ 206,293		\$ 195,141	\$ (11,152)	\$ 5,498,912	70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,956,825	\$ 206,293		\$ 195,141	\$ (11,152)	\$ 5,498,912	1
2	UNIT D SHOWER RENOVATION	1996	21,625	2,162	10	2,162		13,156	2
3	SEAL PARKING AREAS	1997	7,997	800	16	500	(300)	2,542	3
4	NEW GARAGE/STORAGE BUILDING	1997	12,348	412	30	412		1,957	4
5	AWNING EXTENSION/ROOF	1998	2,769	92	30	92		376	5
6	(12) VARIABLE AIR VOLUME CONTROLERS - UNIT D	1998	11,700	1,170	30	390	(780)	1,658	6
7	KICON REINFORCED WALL BOARDS - KITCHEN	1998	4,092	409	10	409		1,738	7
8	S/S WALL PANEL - KITCHEN	1998	3,700	370	10	370		1,572	8
9	ELECTRICAL WORK - KITCHEN	1998	1,034	103	10	103		438	9
10	EXTERIOR LIGHTING	1998	2,230	74	10	223	149	889	10
11	3" VALVES AND PIPING / UNIT E	1998	3,000	300	10	300		1,225	11
12	BUILDING SAFTY UPGRADES	1998	798,672	79,867	10	79,867		286,190	12
13	STRUCTURAL RENOVATION	1999	60,642	2,021	30	2,021		6,232	13
14	FIRE PROTECTION SYSTEM - MAINTENANCE	1999	2,951	295	10	295		983	14
15	BURGLAR ALARM SYSTEM - MAINTENANCE	1999	8,330	833	10	833		2,707	15
16	ACOUSTICAL CEILING - KITCHEN	1999	2,000	200	10	200		650	16
17	ROOF REPLACEMENT	1999	115,966	5,799	20	5,799		17,395	17
18	CARPETING - CENTER LOUNGE	1999	25,796	2,580	10	2,580		7,740	18
19	STAFF DINING ROOM RENOVATION	1999	4,666	467	10	467		1,401	19
20	REFURBISH FLOOR - SUNDAES BEST	1999	3,275	327	10	327		927	20
21	DOMESTIC WATER BACKFLOW	2000	11,501	1,150	10	1,150		2,396	21
22	FOUNDATION STRUCTURAL REPAIRS	2000	57,165	2,858	20	2,858		5,954	22
23	AUTOMATIC DOOR CLOSERS - UNIT A	2000	20,110	2,011	10	2,011		4,290	23
24	REDECORATE UNIT D NURSING STATION	2000	14,665	1,467	10	1,467		3,056	24
25	VARIABLE AIR VOLUMNE BOX - UNIT D	2000	11,700	1,170	10	1,170		2,438	25
26	HVAC UNIT - UNIT D	2000	37,700	3,770	10	3,770		7,854	26
27	INSTALL SIDEWALK	2000	2,730	273	10	273		432	27
28	ROOFTOP HVAC UNIT	2001	11,930	1,193	10	1,193		1,591	28
29	BATHROOM FIXTURES	2001	4,200	420	10	420		630	29
30	SPECTRUM 60DSEJ DIESEL GENSET GENERATOR	2001	26,627	2,663	10	2,663		2,885	30
31	GATE ALARM ON GARDEN GATE	2002	1,555	78	10	78		78	31
32	FLOOR REPAIRS	2002	15,425	386	10	386		386	32
33	GRNERATOR ADDITION	2002	794	53	5	53		53	33
34	TOTAL (lines 1 thru 33)		\$ 9,265,720	\$ 322,066		\$ 309,983	\$ (12,083)	\$ 5,880,731	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,265,720	\$ 322,066		\$ 309,983	\$ (12,083)	\$ 5,880,731	1
2	GATED GARDEN	2002	73,300	3,665	10	3,665		3,665	2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,339,020	\$ 325,731		\$ 313,648	\$ (12,083)	\$ 5,884,396	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 375,217	\$ 38,667	\$ 38,667	\$	5 TO 10	\$ 214,863	71
72	Current Year Purchases	22,949	1,237	1,237		5 TO 10	1,237	72
73	Fully Depreciated Assets	560,104				5 TO 10	560,104	73
74								74
75	TOTALS	\$ 958,270	\$ 39,904	\$ 39,904	\$		\$ 776,204	75

D. Vehicle Depreciation (See instructions.)*										
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Transportation	1997 Dodge Ram Van	1997	\$ 22,586	\$ 3,764	\$ 3,764	\$	6	\$ 18,194	76
77										77
78										78
79										79
80	TOTALS			\$ 22,586	\$ 3,764	\$ 3,764	\$		\$ 18,194	80

E. Summary of Care-Related Assets					1	2
		Reference				Amount
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)				\$ 10,334,504
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)				\$ 369,399
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)				\$ 357,316
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)				\$ (12,083)
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)				\$ 6,678,794

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)					
	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress			
	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES
- ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-
-

9. Option to Buy:
- ☐ YES
- ☐ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☒ NO

16. Rental Amount for movable equipment: \$ 101,817
- Description: SEE ATTACHED
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2003	\$
13.	/2004	\$
14.	/2005	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

We only hire certified nursing assistants.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

B. EXPENSES

ALLOCATION OF COSTS (d)

		1		2		3	4
		Facility					
		Drop-outs	Completed			Contract	Total
1	Community College Tuition	\$	\$			\$	\$
2	Books and Supplies						
3	Classroom Wages (a)						
4	Clinical Wages (b)						
5	In-House Trainer Wages (c)						
6	Transportation						
7	Contractual Payments						
8	Nurse Aide Competency Tests						
9	TOTALS	\$	\$			\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$					

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	10a	hrs	\$		\$ 27,620	\$ 772		\$ 28,392	1
2	Licensed Speech and Language Development Therapist	10a	hrs			1,373	431		1,804	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a	hrs			41,475	1,408		42,883	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	10a				415,521			415,521	12
13	Other (specify): VENT CARE	10a	2555	76,952			16,163	2,555	93,115	13
14	TOTAL			\$ 76,952		\$ 485,989	\$ 18,774	2,555	\$ 581,715	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Page 17

Facility Name & ID Number Anchorage of Bensenville# 0014258Report Period Beginning: 07/01/2001Ending: 06/30/2002

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2002

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 853	\$ 1,753,646	1
2	Cash-Patient Deposits	50,576	647,096	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 498,483)	1,501,957	3,311,400	3
4	Supply Inventory (priced at <u>COST</u>)	26,876	72,087	4
5	Short-Term Investments		129,671	5
6	Prepaid Insurance	53,075	263,090	6
7	Other Prepaid Expenses	7,478	104,586	7
8	Accounts Receivable (owners or related parties)	726,990	21,439,354	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,367,805	\$ 27,720,930	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		921,501	13
14	Buildings, at Historical Cost		21,152,795	14
15	Leasehold Improvements, at Historical Cost		690,601	15
16	Equipment, at Historical Cost		8,416,077	16
17	Accumulated Depreciation (book methods)		(16,716,338)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>SEE ATTACHED</u>		6,449,031	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$ 20,913,667	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,367,805	\$ 48,634,597	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 99,582	\$ 4,707,737	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	51,474	219,222	28
29	Short-Term Notes Payable	41,007	608,690	29
30	Accrued Salaries Payable	189,277	1,411,858	30
31	Accrued Taxes Payable (excluding real estate taxes)	2,868	767,460	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable		111,897	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>DEFERRED REVENUE</u>		326,609	36
37	<u>DUE TO AFFILIATED CORP.</u>		24,297,096	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 384,208	\$ 32,450,569	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		411,485	39
40	Mortgage Payable			40
41	Bonds Payable		14,808,375	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	<u>DEFERRED REVENUE/OTHER</u>		1,039,345	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 16,259,205	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 384,208	\$ 48,709,774	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,983,597	\$ (75,177)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,367,805	\$ 48,634,597	48

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,376,011	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,376,011	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	123,912	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) NONE ALLOWED COSTS EXCLUDED	(198,175)	15
16	Other (describe) NET EXP. BOOKED ON CORP. BOOKS	681,849	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 607,586	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,983,597	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Anchorage of Bensenville

0014258

Report Period Beginning: 07/01/2001

Ending: 06/30/2002

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 14,978,274	1
2	Discounts and Allowances for all Levels	(5,184,203)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,794,071	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,696,112	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,696,112	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	270,500	10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	2,673	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	179,691	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	2,294	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	29,643	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 484,801	23
	D. Non-Operating Revenue		
24	Contributions	43,865	24
25	Interest and Other Investment Income***	5,480	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 49,345	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	BUS RENTAL REVENUE	10,870	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 10,870	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 12,035,199	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,659,942	31
32	Health Care	5,843,996	32
33	General Administration	2,297,246	33
	B. Capital Expense		
34	Ownership	649,549	34
	C. Ancillary Expense		
35	Special Cost Centers	24,917	35
36	Provider Participation Fee	123,187	36
	D. Other Expenses (specify):		
37	ALLOCATION OF INDIRECT COST - SCHED. VIII-B	312,450	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 11,911,287	40
41	Income before Income Taxes (line 30 minus line 40)**	123,912	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 123,912	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? NO If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,964	2,080	\$ 70,522	\$ 33.90	1
2	Assistant Director of Nursing	1,964	2,080	59,079	28.40	2
3	Registered Nurses	41,889	45,897	1,193,086	25.99	3
4	Licensed Practical Nurses	31,752	34,785	697,763	20.06	4
5	Nurse Aides & Orderlies	118,097	129,319	1,736,545	13.43	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,523	6,326	74,547	11.78	8
9	Activity Director	1,904	2,080	40,049	19.25	9
10	Activity Assistants	10,481	11,321	138,419	12.23	10
11	Social Service Workers	10,609	11,185	224,868	20.10	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	3,584	4,253	58,897	13.85	14
15	Cook Helpers/Assistants	48,016	52,303	497,593	9.51	15
16	Dishwashers					16
17	Maintenance Workers	12,783	13,839	156,566	11.31	17
18	Housekeepers	24,200	26,516	281,067	10.60	18
19	Laundry	11,628	12,821	110,730	8.64	19
20	Administrator	1,880	2,080	74,254	35.70	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	4,313	4,645	52,881	11.38	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	8,634	9,489	139,591	14.71	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Driver</u>	1,838	1,950	22,065	11.32	33
34	TOTAL (lines 1 - 33)	341,059	372,969	\$ 5,628,522 *	\$ 15.09	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant		\$ 189,155	1-3	35
36	Medical Director		24,000	9-3	36
37	Medical Records Consultant	48	2,899	10-3	37
38	Nurse Consultant				38
39	Pharmacist Consultant		2,040	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant		1,636	11-3	44
45	Social Service Consultant		1,260	12-3	45
46	Other(specify)				46
47	<u>Dental Consultant</u>		2,025	39-3	47
48					48
49	TOTAL (lines 35 - 48)	48	\$ 223,015		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	1,669	\$ 79,005	10-3	50
51	Licensed Practical Nurses	3,993	148,505	10-3	51
52	Nurse Aides	7,198	171,964	10-3	52
53	TOTAL (lines 50 - 52)	12,860	\$ 399,474		53

[illegible]

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description		Amount	Description	Amount	
JANE MULLER	ADMINISTRATOR	0	\$ 74,254	Workers' Compensation Insurance		\$ 132,534	IDPH License Fee	\$	
				Unemployment Compensation Insurance		9,832	Advertising: Employee Recruitment	6,867	
				FICA Taxes		429,440	Health Care Worker Background Check (Indicate # of checks performed 130)	908	
				Employee Health Insurance		574,712	SUBSCRIPTIONS/REF. PUBL.	3,487	
				Employee Meals			ASSOCIATION DUES	14,545	
				Illinois Municipal Retirement Fund (IMRF)*			PUBLIC RELATIONS	5,454	
				LIFE INS. / DISABILITY INS.		26,084			
				PENSION (TSA)		85,436	ALLOCATION SCHED. VII-B	363	
				VENT. BENEFITS RECLASS		(14,268)	ALLOCATION SCHED. VIII-B	1,408	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 74,254	STAFF MEDICAL EXAMS		12,297	Less: Public Relations Expense	(5,454)	
B. Administrative - Other				STAFF UNIFORMS/ EMP. RELATIONS/ETC.		10,807	Non-allowable advertising	()	
Description			Amount	ALLOCATION SCHED. VII-B		26,192	Yellow page advertising	()	
NONE			\$	ALLOCATION SCHED. VIII-B		48,750			
				TOTAL (agree to Schedule V, line 22, col.8)		\$ 1,341,816	TOTAL (agree to Sch. V, line 20, col. 8)		
				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	Description		Line #	Amount	Description	Amount
C. Professional Services								Out-of-State Travel	\$
Vendor/Payee	Type		Amount						
LIFELINK CORP.	MGMT. FEE		\$ 215,689	NONE					
LIFELINK CORP.	DATA PROCESSING		90,899						
REINGRUBER & CO.	MEDICARE CONSULTANT		4,920					In-State Travel	
								Seminar Expense	9,102
								ALLOCATION SCHED. VII-B	529
								ALLOCATION SCHED. VIII-B	2,790
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)			\$ 311,508	TOTAL		\$	Entertainment Expense (agree to Sch. V, line 24, col. 8)		
							TOTAL 12,421		

*** Attach copy of IMRF notifications**

****See instructions.**

(See instructions.)

[illegible]

Facility Name & ID Number Anchorage of Bensenville

0014258

Report Period Beginning: 07/01/2001

Ending: 06/30/2002

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. LSN/AAHSA \$7,473
- (3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 5-10 YRS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 59,238 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 123,187
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? NO Indicate the amount. \$ 0
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? NONE
d. Have vehicle usage logs been maintained? YES
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: KPMG The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? NO If no, please explain. AUDIT HAS NOT BEEN ISSUED.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees.

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/01 - 06/30/02

IX INTEREST EXPENSE

FACILITY NUMBER NAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0005066	PEOTONE SENIOR LIVING CENTER
0039289	PINE ACRES CARE CENTER

THE BENSENVILLE HOME SOCIETY (BHS) IN CONJUNCTION WITH ITS AFFILIATED CORPORATIONS, LIFELINK AND BRIDGEWAY OF BENSENVILLE, HAVE ISSUED 1989A, 1995A, AND 1998 BONDS THRU THE ILLINOIS HEALTH FACILITY AUTHORITY ON VARIOUS DATES. SEE COPY OF OFFICIAL STATEMENTS ATTACHED. THE 1989B AND 1995B BONDS WERE RETIRED WITH THE ISSUANCE OF THE 1998 BONDS.

INTEREST PAID AND ACCRUED

1989A SERIES	65,200
1995A SERIES	170,436
1998 SERIES	1,012,846

LETTER OF CREDIT AND OTHER FEES

1989A SERIES	63,865
1995A SERIES	113,588
TOTAL	<u>1,425,935</u>

INTEREST HAS BEEN ALLOCATED BASED ON THE USE OF THE BOND PROCEEDS.

ANCHORAGE OF BENSENVILLE	34.0% OF 1989 BONDS	43,945
	15.7% OF 1995 BONDS	44,525
	8.9% OF 1998 BONDS	<u>89,863</u>
	TOTAL	<u>178,333</u>
ANCHORAGE OF BEECHER	44.3% OF 1989 BONDS	57,189
	11.5% OF 1998 BONDS	<u>116,970</u>
	TOTAL	<u>174,159</u>
PINE ACRES CARE CENTER	36.3% OF 1995 BONDS	103,041
OTHER*		970,402
TOTAL		<u>1,425,935</u>

* CORPORATE AND PARENT CORPORATE OFFICES AND NON-CARE RELATED.

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 7/1/01 - 6/30/02

XII B. # 16 EQUIPMENT RENTAL (PAGE14)

1.	APRIA HEALTHCARE		
	AIR POWERED COMPRESSOR	102.00	
	NEBULIZER	70.00	
	GAS STATIONARY SYSTEM	6,600.00	
	OXYGEN ANALYZER	1,011.00	
	OXYGEN CONCENTRATOR	4,645.00	
	OXYGEN LIQUID SYSTEM	6,077.00	
	VENTILATOR	6,600.00	
	WC FULL, RECL. DR, DFR.	310.00	25,415.00
2.	ARCH COMMUNICATIONS		
	PAGERS FOR:		
	ACTIVITIES	75.21	
	ADMINISTRATION	34.24	
	FOOD SERVICE	512.39	
	HOUSEKEEPING	260.46	
	LAUNDRY	154.08	
	MAINTENANCE	554.16	
	NURSING	463.30	
	TRANSPORTATION	51.36	2,105.20
3.	BATEMAN/MORRISON HEATHCARE		
	KITCHEN EQUIPMENT		2,871.08
4.	BRAUN EVENT & TENT		
	TENT & CHAIRS		1,506.56
5.	HICKLEY SPRINGS		
	WATER STATIONS		282.97
6.	KCI THEREAPEUTICS		
	WOUND V.A.C.		3,718.00
7.	KREG THERAPEUTICS		
	ARCOTECH	450.00	
	ORTHODERM	4,497.00	
	STARMATT	14,812.00	
	STAGE IV 2000	13,626.00	
	STAGE IV 3000	3,196.00	
	OBESE BED FRAME	2,795.00	39,376.00
8.	LEASECOMM		
	ULTRASOUND		7,668.50
9.	MILLER MEDICAL		
	9000XT RECLINER		233.40
10.	MITA FINANCIAL		
	COPIER		9,248.82
11.	MINOLTA BUSINESS SYSTEMS		
	COPIER		2,442.73
12.	ONTAP		
	WATER PURIFICATION		1,809.00
13.	ORTHOREHAB		
	KNEE CPM UNIT		333.00
14.	THOMPSON RENTAL		
	TRUCK & HOIST		46.88
15.	VCM-IMS		
	VENTCARE EQUIPMENT		4,008.85
16.	WEST SANITATION		
	CLEANING SUPPLIES		750.96
			101,816.95

LIFELINK CORPORATION
BENSENVILLE HOME SOCIETY

ANCHORAGE OF BENSENVILLE	# 0014258
ANCHORAGE OF BEECHER	# 0033803
PINE ACRES CARE CENTER	# 0039289
PEOTONE SENIOR LIVING CENTER	# 0005066

SCHEDULE VII-A

ATTACHED ARE LISTS OF THE BOARD OF DIRECTORS FOR LIFELINK CORPORATION AND BENSENVILLE HOME SOCIETY.

NONE OF THESE DIRECTORS PROVIDE ANY SERVICES TO EITHER CORPORATION NOR DO THEY HAVE ANY OWNERSHIP IN ANY ENTITY THAT DOES BUSINESS WITH EITHER CORPORATION.

SCHEDULE VII-A3

<u>NAME</u>	<u>CITY</u>	<u>TYPE OF BUSINESS</u>
Hoyleton Youth and Family Services	Hoyleton	Social Services
Hoyleton Children's Home Foundation	Hoyleton	Fund Raising

RECAP

LINE #	DESCRIPTION	0014258	0033803	0039289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	60	44	44
11	ACTIVITIES	54,782	20,527	14,326
17	ADMINISTRATIVE	77,352	58,014	58,014
19	PROFESSIONAL SERVICES	13,566	8,996	8,794
20	FEES, SUBSCRIPTIONS, PF	363	122	77
21	GENERAL OFFICE EXPENS	2,797	1,632	1,500
22	EMPLOYMENT BENEFITS &	26,192	16,563	15,642
24	TRAVEL AND SEMINARS	529	397	397
25	OTHER STAFF TRANSPOR	8,400	4,007	3,313
34	RENT-FACILITIES & GROU	1,132	801	801
35	RENTAL EQUIPMENT	-	-	-
TOTAL		185,174	111,103	102,908

VICE PRESIDENT OF HEALTH CARE (020-050)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	78	-	78	31	23	23.40
11	ACTIVITIES	-	-	-	-	-	-
17	ADMINISTRATIVE	209,689	16,309	193,380	77,352	58,014	58,014.00
19	PROFESSIONAL SERVICES	4,913	-	4,913	-	-	-
20	FEES, SUBSCRIPTIONS, PF	22,210	22,210	-	-	-	-
21	GENERAL OFFICE EXPENS	2,135	-	2,135	854	641	640.50
22	EMPLOYMENT BENEFITS &	41,836	3,254	38,582	15,433	11,575	11,574.60
24	TRAVEL AND SEMINARS	1,322	-	1,322	529	397	396.60
25	OTHER STAFF TRANSPOR	8,299	-	8,299	3,320	2,490	2,489.70
34	RENT-FACILITIES & GROU	16,620	16,620	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		307,102	63,306	243,796	97,518	73,139	73,139
ALLOCATION %					40.0%	30.0%	30.0%

PASTORAL CARE(020-150)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	95	95	-	-	-	-
11	ACTIVITIES	87,330	-	87,330	41,394	10,567	4,367
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	2,840	-	2,840	1,346	344	142
20	FEES, SUBSCRIPTIONS, PF	643	-	643	305	78	32
21	GENERAL OFFICE EXPENS	1,854	-	1,854	879	224	93
22	EMPLOYMENT BENEFITS &	12,971	-	12,971	6,148	1,569	649
24	TRAVEL AND SEMINARS	2,785	2,785	-	-	-	-
25	OTHER STAFF TRANSPOR	9,782	-	9,782	4,637	1,184	489
34	RENT-FACILITIES & GROU	2,748	2,748	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		121,048	5,628	115,420	54,709	13,966	5,771
ALLOCATION %					47.4%	12.1%	5.0%

VOLUNTEER COORDINATOR(100-200)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	96	-	96	29	21	21
11	ACTIVITIES	38,511	-	38,511	11,707	8,280	8,280
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	40,081	-	40,081	12,185	8,617	8,617
20	FEES, SUBSCRIPTIONS, PF	158	-	158	48	34	34
21	GENERAL OFFICE EXPENS	3,342	-	3,342	1,016	719	719
22	EMPLOYMENT BENEFITS &	13,399	-	13,399	4,073	2,881	2,881
24	TRAVEL AND SEMINARS	-	-	-	-	-	-
25	OTHER STAFF TRANSPOR	1,238	-	1,238	376	266	266
34	RENT-FACILITIES & GROU	10,637	6,912	3,725	1,132	801	801
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		107,462	6,912	100,550	30,567	21,618	21,618
ALLOCATION %					30.4%	21.5%	21.5%

INTERGENERATIONAL(100-245)

LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED	ANCHORAGE OF BENSENVILLE	ANCHORAGE OF BEECHER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	62	62	-	-	-	-
11	ACTIVITIES	44,213	-	44,213	1,680	1,680	1,680
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	923	-	923	35	35	35
20	FEES, SUBSCRIPTIONS, PF	274	-	274	10	10	10
21	GENERAL OFFICE EXPENS	1,279	-	1,279	49	49	49
22	EMPLOYMENT BENEFITS &	14,157	-	14,157	538	538	538
24	TRAVEL AND SEMINARS	2,300	2,300	-	-	-	-
25	OTHER STAFF TRANSPOR	1,780	-	1,780	68	68	68
34	RENT-FACILITIES & GROU	4,690	4,690	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		69,678	7,052	62,626	2,380	2,380	2,380
ALLOCATION %					3.8%	3.8%	3.8%

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/01 - 06/30/02

FACILITY NUMBER NAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0039289	PINE ACRES CARE CENTER

SCHEDULE XV BALANCE SHEET (AFTER CONSOLIDATION)

LINE 23 - OTHER

BENEFICIAL INTEREST IN PERPETUAL TRUST	4,121,832
STUDENT LOANS RECEIVABLE	54,659
CASH RESTRICTED FOR STUDENT LOANS	72,572
DEFERRED COSTS AND OTHER INTANGIBLES, NET	1,226,496
OTHER ASSETS, NET	973,472
	<hr/>
	<u>6,449,031</u>

BENSENVILLE HOME SOCIETY
INDIRECT COSTS (UNALLOCATED)
SCHEDULE VIII-B
6/30/2002

RECAP

LINE #	DESCRIPTION	0014258	0033803	0039289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE BEECHER	PINE ACRES CARL CENTER
2	FOOD PURCHASES	-	-	-
17	ADMINISTRATIVE	210,311	84,911	74,060
19	PROFESSIONAL SERVICES	30,668	12,362	10,804
20	FEES, SUBSCRIPTIONS, PROM.	1,408	569	496
21	GENERAL OFFICE EXPENSE	12,791	5,164	4,506
22	EMPLOYMENT BENEFITS & TX.	48,750	19,682	17,174
24	TRAVEL AND SEMINARS	2,790	1,126	963
25	OTHER STAFF TRANSPORT.	4,846	1,956	1,707
26	INSURANCE	-	-	-
34	RENT-FACILITIES & GROUND	-	-	-
35	RENTAL EQUIPMENT	886	358	312
TOTAL		312,450	126,148	110,073
ALLOCATION		18.68%	7.54%	6.58%

LINE #	DESCRIPTION	AMINISTRATION (010)			BOARD & CORPORATE (020)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	86	86	-	-	-	-
17	ADMINISTRATIVE	552,285	227,507	324,778	-	-	-
19	PROFESSIONAL SERVICES	64,216	61,685	2,531	9,544	9,544	-
20	FEES, SUBSCRIPTIONS, PROM.	2,755	220	2,535	-	250	(250)
21	GENERAL OFFICE EXPENSE	5,679	-	5,679	1,575	-	1,575
22	EMPLOYMENT BENEFITS & TX.	97,176	40,030	57,146	-	-	-
24	TRAVEL AND SEMINARS	26,411	11,479	14,932	1,491	1,491	-
25	OTHER STAFF TRANSPORT.	17,621	-	17,621	-	-	-
26	INSURANCE	-	-	-	1,220	1,220	-
34	RENT-FACILITIES & GROUND	41,676	41,676	-	-	-	-
35	RENTAL EQUIPMENT	3,540	-	3,540	-	-	-
TOTAL		811,445	382,683	428,762	13,830	12,505	1,325

LINE #	DESCRIPTION	BUSINESS OFFICE (030)			SUPPORT SERVICES (080)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	164	164	-	5	5	-
17	ADMINISTRATIVE	540,081	25,453	514,628	92,669	-	92,669
19	PROFESSIONAL SERVICES	160,520	46937	113,583	8,149	7,986	163
20	FEES, SUBSCRIPTIONS, PROM.	2,817	-	2,817	1,142	-	1,142
21	GENERAL OFFICE EXPENSE	37,441	-	37,441	1,036	-	1,036
22	EMPLOYMENT BENEFITS & TX.	145,098	6,838	138,260	17,899	-	17,899
24	TRAVEL AND SEMINARS	4,508	4,508	-	2,779	2,779	-
25	OTHER STAFF TRANSPORT.	5,355	-	5,355	2,426	-	2,426
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUND	76,920	76,920	-	12,888	12,888	-
35	RENTAL EQUIPMENT	687	-	687	-	-	-
TOTAL		973,591	160,820	812,771	138,993	23,658	115,335

LINE #	DESCRIPTION	MATERIALS HANDLING (110)			HUMAN RESOURCES (120)		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	-	-	-	99	99	-
17	ADMINISTRATIVE	51,402	-	51,402	117,530	-	117,530
19	PROFESSIONAL SERVICES	6,598	-	6,598	41,290	-	41,290
20	FEES, SUBSCRIPTIONS, PROM.	315	-	315	597	-	597
21	GENERAL OFFICE EXPENSE	4,697	-	4,697	15,217	-	15,217
22	EMPLOYMENT BENEFITS & TX.	13,475	-	13,475	29,065	-	29,065
24	TRAVEL AND SEMINARS	-	-	-	-	-	-
25	OTHER STAFF TRANSPORT.	-	-	-	-	-	-
26	INSURANCE	-	-	-	-	-	-
34	RENT-FACILITIES & GROUND	1,080	1,080	-	25,644	25,644	-
35	RENTAL EQUIPMENT	518	-	518	-	-	-
TOTAL		78,075	1,080	76,995	229,442	25,743	203,699

LINE #	DESCRIPTION	TRAINING (130)			GRAND TOTAL		
		TOTAL	DIS-ALLOWED	ALLOWED	TOTAL	DIS-ALLOWED	ALLOWED
2	FOOD PURCHASES	266	266	-	620	620	-
17	ADMINISTRATIVE	24,718	-	24,718	1,378,685	252,960	1,125,725
19	PROFESSIONAL SERVICES	-	-	-	290,307	126,152	164,155
20	FEES, SUBSCRIPTIONS, PROM.	382	-	382	8,008	470	7,538
21	GENERAL OFFICE EXPENSE	2,820	-	2,820	68,465	-	68,465
22	EMPLOYMENT BENEFITS & TX.	5,100	-	5,100	307,813	46,868	260,945
24	TRAVEL AND SEMINARS	-	-	-	35,189	20,257	14,932
25	OTHER STAFF TRANSPORT.	535	-	535	25,937	-	25,937
26	INSURANCE	-	-	-	1,220	1,220	-
34	RENT-FACILITIES & GROUND	4,614	4,614	-	162,822	162,822	-
35	RENTAL EQUIPMENT	-	-	-	4,745	-	4,745
TOTAL		38,435	4,880	33,555	2,283,511	611,369	1,672,142

BENSVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2002

ANCHORAGE OF BENSVILLE

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	RATE (%)	ALLOCATION TO FACILITY			MAXIMUM ALLOWABLE LIMIT	EXCESS OVER	ADJUSTED ALLOCATION
						UNADJUSTED	\$10,000				
CARL ZIMMERMAN	PRESIDENT	273,173	9,600	282,773	18.68%	52,828	20,550		32,278	20,550	
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	174,334	7,800	182,134	18.68%	34,027	20,550		13,476	20,550	
JAMES FORMAL	VP HEALTH CARE	126,309	7,800	134,109	40.00%	53,644	44,000		9,644	44,000	
THOMAS NOESEN	VP FINANCE / TREASURER	135,453	4,800	140,253	18.68%	26,202	20,550		5,652	20,550	
ALLEN GABRYS	CONTROLLER	76,913	-	76,913	18.68%	14,369	20,550		-	14,369	
KATHY LYNN CICERVP	CORPORATE SERVICE	24,167	-	24,167	18.68%	4,515	20,550		-	4,515	
THOMAS KISER	VP SUPPORT SERVICES	81,731	2,800	84,531	18.68%	15,792	20,550		-	20,550	
PAMELA JONES	DIRECTOR - VOLUNTEER	39,562	-	39,562	30.40%	12,027	33,440		-	12,027	
DONALD PRIMDAHL	DIRECTOR - BUDGETING	80,749	-	80,749	18.68%	15,086	20,550		-	15,086	
JANET HISBON	DIRECTOR - PASTORAL CARE	42,604	-	42,604	47.40%	20,194	52,140		-	20,194	
KATHLEEN SCHUPP	DIRECTOR - HUMAN RESC	52,692	-	52,692	18.68%	9,844	20,550		-	9,844	
ROBIN MCBIROOM	INTERGENERATIONAL COORD.	43,347	-	43,347	3.80%	1,647	4,180		-	1,647	
TOTAL ALLOCATION											203,884

CORPORATE ALLOCATION %

ANCHORAGE OF BENSVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

\$11,821,051 / \$63,274,280 = 18.68%

BENSVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2001

ANCHORAGE OF BEECHER

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	RATE (%)	ALLOCATION TO FACILITY			MAXIMUM ALLOWABLE LIMIT	EXCESS OVER	ADJUSTED ALLOCATION
						UNADJUSTED	\$10,000				
CARL ZIMMERMAN	PRESIDENT	273,173	9,600	282,773	7.54%	21,329	8,297		13,032	8,297	
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	174,334	7,800	182,134	7.54%	13,738	8,297		5,441	8,297	
JAMES FORMAL	VP HEALTH CARE	126,309	7,800	134,109	30.00%	40,233	33,000		7,233	33,000	
THOMAS NOESEN	VP FINANCE / TREASURER	135,453	4,800	140,253	7.54%	10,579	8,297		2,282	8,297	
ALLEN GABRYS	CONTROLLER	76,913	-	76,913	7.54%	5,801	8,297		-	5,801	
KATHY LYNN CICERVP	CORPORATE SERVICE	24,167	-	24,167	7.54%	1,823	8,297		-	1,823	
KENYETTA HAYWOK	VP SUPPORT SERVICES	81,731	2,800	84,531	7.54%	6,376	8,297		-	8,297	
PAMELA JONES	DIRECTOR - VOLUNTEER	39,562	-	39,562	21.50%	8,506	23,650		-	8,506	
DONALD PRIMDAHL	DIRECTOR - BUDGETING	80,749	-	80,749	7.54%	6,091	8,297		-	6,091	
JANET HISBON	DIRECTOR - PASTORAL CARE	42,604	-	42,604	12.10%	5,155	13,310		-	5,155	
KATHLEEN SCHUPP	DIRECTOR - HUMAN RESC	52,692	-	52,692	7.54%	3,974	8,297		-	3,974	
ROBIN MCBIROOM	INTERGENERATIONAL COORD.	43,347	-	43,347	3.80%	1,647	4,180		-	1,647	
TOTAL ALLOCATION											99,185

CORPORATE ALLOCATION %

ANCHORAGE OF BENSVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

\$4,772,615 / \$63,274,280 = 7.54%

BENSVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2001

PINE ACRES CARE CENTRE

NAME	POSITION	GROSS WAGES	FIXED SALARY	TOTAL	RATE (%)	ALLOCATION TO FACILITY			MAXIMUM ALLOWABLE LIMIT	EXCESS OVER	ADJUSTED ALLOCATION
						UNADJUSTED	\$10,000				
CARL ZIMMERMAN	PRESIDENT	273,173	9,600	282,773	6.58%	18,611	7,240		11,371	7,240	
ROBERT LOGSTON	EXEC. VP ADMINISTRATION	174,334	7,800	182,134	6.58%	11,987	7,240		4,746	7,240	
JAMES FORMAL	VP HEALTH CARE	126,309	7,800	134,109	30.00%	40,233	33,000		7,233	33,000	
THOMAS NOESEN	VP FINANCE / TREASURER	135,453	4,800	140,253	6.58%	9,231	7,240		1,991	7,240	
ALLEN GABRYS	CONTROLLER	76,913	-	76,913	6.58%	5,062	7,240		-	5,062	
KATHY LYNN CICERVP	CORPORATE SERVICE	24,167	-	24,167	6.58%	1,591	7,240		-	1,591	
KENYETTA HAYWOK	VP SUPPORT SERVICES	81,731	2,800	84,531	6.58%	5,563	7,240		-	7,240	
PAMELA JONES	DIRECTOR - VOLUNTEER	39,562	-	39,562	21.50%	8,506	23,650		-	8,506	
DONALD PRIMDAHL	DIRECTOR - BUDGETING	80,749	-	80,749	6.58%	5,315	7,240		-	5,315	
JANET HISBON	DIRECTOR - PASTORAL CARE	42,604	-	42,604	5.00%	2,130	5,500		-	2,130	
KATHLEEN SCHUPP	DIRECTOR - HUMAN RESC	52,692	-	52,692	6.58%	3,468	7,240		-	3,468	
ROBIN MCBIROOM	INTERGENERATIONAL COORD.	43,347	-	43,347	3.80%	1,647	4,180		-	1,647	
TOTAL ALLOCATION											89,677

CORPORATE ALLOCATION %

ANCHORAGE OF BENSVILLE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

\$4,164,424 / \$63,274,280 = 6.58%

BENSVILLE HOME SOCIETY
SCHEDULE VII-C
6/30/2000

SUMMARY

NAME	POSITION	TOTAL EXCLUDED ALLOCATION		TOTAL ADJUSTED ALLOCATION	
CARL ZIMMERMAN	PRESIDENT		56,881		36,087
ROBERT LOGSTON	EXEC. VP ADMINISTRATION		23,865		36,087
JAMES FORMAL	VP HEALTH CARE		24,109		110,000
THOMAS NOESEN	VP FINANCE / TREASURER		9,925		36,087
ALLEN GABRYS	CONTROLLER		-		25,232
KATHY LYNN CICERVP	CORPORATE SERVICES		-		7,528
KENYETTA HAYWOK	VP SUPPORT SERVICES		-		36,087
PAMELA JONES	DIRECTOR - VOLUNTEER SERV.		-		29,039
DONALD PRIMDAHL	DIRECTOR - BUDGETING		-		26,451
JANET HISBON	DIRECTOR - PASTORAL CARE		-		27,480
KATHLEEN SCHUPP	DIRECTOR - HUMAN RESOURCES		-		17,285
ROBIN MCBIROOM	INTERGENERATIONAL COORD.		-		4,942
TOTAL			114,379		392,747

BENSENVILLE HOME SOCIETY

1985 / 1986 ALLOCATION OF RENOVATION COSTS FOR THE CFS BUILDING

	<u>1985</u>	<u>1986</u>	
CONSTRUCTION COSTS:	1,735,410	133,721	
CURRENT DEPRECIATION:	43,385	3,343	
FACILITY FY 2002:	<u>BENSENVILLE</u>	<u>BEECHER</u>	<u>PINE ACRES</u>
FACILITY OPERATING EXP. (A)	11,821,051	4,772,615	4,164,424
TOTAL OPERATING EXP. (B)	63,274,260	63,274,260	63,274,260
(A) / (B)	18.68%	7.54%	6.58%
1985 COST PERCENTAGE	324,214	130,898	114,217
1985 DEPRECIATION PERCENT	8,105	3,272	2,855
1986 COST PERCENTAGE	24,982	10,086	8,801
1986 DEPRECIATION PERCENT	625	252	220

FACILITY ID#: 0014258
FACILITY NAME: ANCHORAGE OF BENSENVILLE
A FACILITY OF THE BENSENVILLE HOME SOCIETY

REPORT PERIOD: 07/01/01 - 06/30/02

SCHEDULE V

RECLASSIFICATIONS AND ADJUSTMENTS:

1.	LINE 11 ACTIVITIES	1,507	
	LINE 21 CLERICAL & GENERAL OFFICE	2,105	
	LINE 39 ANCILLARY SERVICE CENTER	80,753	
	LINE 35 RENT - EQUIPMENT		84,365
	TO RECLASSIFY RENTAL EQUIPMENT TO PROPER ACCOUNTS PER SCHEDULE XII B #16.		
2.	LINE 2 FOOD PURCHASES	60	
	LINE 11 ACTIVITIES	54,782	
	LINE 17 ADMINISTRATIVE	77,352	
	LINE 19 PROFESSIONAL SERVICES		171,607
	LINE 20 FEES, SUBSCRIPTIONS, PROM.	363	
	LINE 21 CLERICAL & GENERAL OFFICE	2,797	
	LINE 22 EMPLOYMENT BENEFITS & TAXES	26,192	
	LINE 24 TRAVEL & SEMINARS	529	
	LINE 25 OTHER STAFF TRANSPORTATION	8,400	
	LINE 34 RENT- FACILITY & GROUNDS	1,132	
	TO RECLASSIFY MANAGEMENT FEES FROM PROFESSIONAL SERVICES TO PROPER ACCOUNTS.		
3.	LINE 41 GIFT & COFFEE SHOP	2,673	
	LINE 2 FOOD PURCHASES		196
	LINE 11 ACTIVITIES		2,477
	TO RECLASSIFY COFFEE SHOP EXPENSES		
4.	LINE 39 ANCILLARY SERVICE CENTER	62,684	
	LINE 10 NURSING & RECORD KEEPING		62,684
	TO RECLASSIFY RN OR LPN TIME TO VENTILATOR CARE BEDS. REPRESENTS NURSING STAFF REQUIRED. AMOUNT COMPUTED BASED ON AVERAGE HOURLY RATE OF STAFF TIME AS DETERMINED BY SCHEDULE XVIII. (7 HOURS X 365 DAYS X 24.53 PER HOUR)		
5.	LINE 39 ANCILLARY SERVICE CENTER	14,268	
	LINE 22 EMPLOYMENT BENEFITS & TAXES		14,268
	TO RECLASSIFY EMPLOYEE BENEFITS AND PAYROLL TAXES RELATED TO VENTILATOR SALARIES IN ADJUSTMENT # 4 ABOVE.		
6.	LINE 39 ANCILLARY SERVICE CENTER	1,982	
	LINE 6 MAINTENANCE		1,982
	TO RECLASSIFY COST OF INFECTIOUS WASTE DISPOSAL FOR VENTILATOR PAITENTS.		
7.	LINE 39 ANCILLARY SERVICE CENTER	16,163	
	LINE 10 NURSING & RECORD KEEPING		16,163
	TO RECLASSIFY VENTILATOR SUPPLIES TO PROPER LINE.		
8.	LINE 39 ANCILLARY SERVICE CENTER	415,521	
	LINE 10a THERAPY		415,521
	TO RECLASSIFY THERAPY COSTS IN EXCESS OF ROUTINE CARE ASSOISIATED WITH SUB-ACUTE CARE.		

RECAP ABOVE ENTRIES

LINE 2 FOOD PURCHASES	136	
LINE 6 MAINTENANCE	1,982	
LINE 10 NURSING & RECORD KEEPING	78,847	
LINE 10a THERAPY		415,521
LINE 11 ACTIVITIES	53,812	
LINE 17 ADMINISTRATIVE	77,352	
LINE 19 PROFESSIONAL SERVICES		171,607
LINE 20 FEES, SUBSCRIPTIONS, PROM.	363	
LINE 21 CLERICAL & GENERAL OFFICE	4,902	
LINE 22 EMPLOYMENT BENEFITS & TAXES	11,924	
LINE 24 TRAVEL & SEMINARS	529	
LINE 25 OTHER STAFF TRANSPORTATION	8,400	
LINE 34 RENT- FACILITY & GROUNDS	1,132	
LINE 35 RENT - EQUIPMENT		84,365
LINE 39 ANCILLARY SERVICE CENTER	591,371	
LINE 41 GIFT & COFFEE SHOP	2,673	

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/01 - 06/30/02

FACILITY NUMBER NAME

0014258 ANCHORAGE OF BENSENVILLE

SCHEDULE XVII - LINE 41

	(1) BENSENVILLE HOME <u>SOCIETY</u>	(2) <u>FACILITY</u>	BHS RELATED <u>(1) - (2)</u>
<u>ANCHORAGE OF BENSENVILLE</u>			
REVENUES	40,701,419	12,035,199	28,666,220
EXPENSES	40,959,946	11,911,287	29,048,659
NET INCOME (LOSS) FROM OPERATIONS	<u>(258,527)</u>	<u>123,912</u>	<u>(382,439)</u>

FACILITY ID#: 0014258

FACILITY NAME: ANCHORAGE OF BENSENVILLE
A FACILITY OF THE BENSENVILLE HOME SOCIETY

REPORT PERIOD: 07/01/01 - 06/30/02

SCHEDULE XIV - EXCEPTIONAL CARE REPORT

<u>RESIDENT NAME</u>	<u>DATES OF SERVICE</u>	NUMBER <u>OF DAYS</u>	ADDITIONAL <u>STAFFING</u>	SUPPLY <u>COST</u>	EQUIPMENT <u>COST</u>	DISPOSAL <u>COST</u>	CONSULTANT <u>TRAINING</u>	TOTAL
GREG BUDINGER	07/01/01- 06/30/02	365	76,952	16,163	16,143	1,982	1,200	112,440
TOTAL		365	76,952	16,163	16,143	1,982	1,200	112,440

<u>RN/LPN STAFF AND CONTRACTED</u>							
<u>PAYROLL</u>	<u>HOURS</u>	AVERAGE HOURLY <u>RATE</u>	<u>HOURS</u> <u>PER DAY</u>	<u>DAYS OF</u> <u>CARE</u>	<u>EXCEPTIONAL</u> <u>CARE SALARY</u>	<u>TAX & BENEFIT</u> <u>GROSS UP</u>	<u>EXCEPTIONAL</u> <u>CARE</u> <u>STAFF COSTS</u>
2,118,359	86,344	24.53	7	365	62,684	1.22761606	76,952
A	B	A/B=C	D	E	C*D*E=F	G	F*G

TAX AND BENEFIT % 1,281,142 / 5,628,522 = 0.22761606